Amendments to the Drawings:

The attached sheets of drawings include changes to Figures 1A to 16. These sheets, which include Figures 1A to 16, replace the original sheets including Figures 1A to 16.

Attachment: Replacement Sheets

REMARKS

Claims 66-71, 73-78 and 80-118 are pending in this application. Claims 1-65, 72, 79, 114, 115, 117 and 118 were canceled. Claims 112 and 113 are currently amended. Claims 119-126 are new.

The Examiner objected to the drawings. Applicant has amended the drawings to address the Examiner's objections.

The Claims Are Not Anticipated by Parker

The Examiner rejected claims 66, 67, 71, 73, 74, 78, 90-92, 94, 95 and 112-118 under 35 U.S.C. Section 102(b) as anticipated by U.S. Patent No. 5,873,362 issued to Parker. Applicant respectfully traverses the Examiner's rejections.

Independent claim 66 recites, "inserting an intubation-tube placement device, secured to an intubation tube, into a patient's oral cavity; detecting the cartilaginous rings of the trachea via at least one tactile-accentuator device coupled to the intubation-tube placement device." The Examiner points to blind intubation guide 73 of Parker as the recited intubation-tube placement device and to lip 54 of the endotracheal tube 10 of Parker as the recited tactile-accentuator device. There is no teaching in Parker that the blind intubation guide 73 is secured to the intubation tube 10, or that lip 54 detects the cartilaginous rings of the trachea. Instead, the blind intubation guide 73 is inserted into a patient's mouth and then the intubation tube 10 is fed through the blind intubation guide 73. See Parker, Column 4, lines 39-62. Further, the lip 54 is described as serving to avoid snagging of the tube 10 on the cartilaginous rings. See Parker at Col. 4, line 65 to Column 5, line 4. There is no indication that lip 54 is configured as a tactile-accentuator. Moreover, lip 54 is part of the endotracheal tube 10 of Parker, and is not coupled to the blind intubation guide 73 of Parker. Accordingly, claim 66 is not anticipated by Parker. Claims 67-71 and new claim 126 are not anticipated by Parker at least by virtue of their dependencies. In addition, new claim 126 is not anticipated by Parker because Parker does not teach, suggest or motivate breaking a perforated border along a portion of the intubation tube.

Independent claim 73 recites, "inserting an intubation-tube placement device having an exploratory portion shaped to prevent the intubation-tube placement device from

perforating an internal body structure during insertion, into a patient's oral cavity; detecting the cartilaginous rings of the trachea via at least one tactile-accentuator device coupled to the intubation-tube placement device." The Examiner again points to lip 54 of endotracheal tube 10 of Parker as the claimed tactile accentuator device. As discussed above, there is no indication in Parker that lip 54 of Parker detects the cartilaginous rings of the trachea, and lip 54 is coupled to intubation tube 10, not to the blind intubation guide 73 of Parker. Accordingly, claim 73 is not anticipated by Parker. Claims 74-78, as well as new claim 125, are not anticipated by Parker at least by virtue of the dependencies. In addition, new claim 125 is not anticipated by Parker because Parker does not teach, suggest or motivate breaking a perforated border along a portion of the intubation tube.

Independent claim 90 recites, "securing an intubation tube on a first portion of a endotracheal placement device such that a bendable second portion of the endotracheal placement device extends out through the intubation tube; subsequently guiding the second portion of the endotracheal placement device through the patient's vocal cords; and guiding the intubation tube through the patient's vocal cords such that a portion of the intubation tube follows the second portion of the endotracheal placement device through the patient's vocal cords." The Examiner again points to blind intubation guide 73 of Parker as the recited intubation-tube placement device and to lip 54 of the endotracheal tube 10 of Parker as the recited tactile-accentuator device. There is no indication in Parker that blind intubation guide 73 has a portion that is guided through a patient's vocal cords. Instead, blind intubation guide 73 of Parker is "caused to be positioned relative to the posterior edge 76 of the laryngeal opening 70 so as to be, in effect, contiguous therewith." Indeed, Figure 4A of Parker illustrates the blind intubation guide 73 as positioned above the vocal cords 88 of the patient. In addition, as noted above, there is no indication in Parker that blind intubation guide 73 is secured to the intubation tube 10. Further, there in no indication that any portion of blind intubation guide 73 "extends out of the intubation tube" as recited. Accordingly, claim 90 is not anticipated by Parker. Claims 91-95, as well as new claim 122, are not anticipated by Parker at least by virtue of their dependencies. With regard to claim 92, Applicant further notes that Parker does not teach suggest or motivate a retention device that is severed by twisting. With regard to claim 122,

Applicant further notes that Parker does not teach, suggest or motivate breaking a perforated border along a portion of the intubation tube coupled to the endotracheal placement device.

Independent claim 112, as amended, recites, "[a]n intubation tube, comprising: a first end having a first opening; a second end having a tip with an opening having a diameter approximately equal to a diameter of a placement device and configured to pass through a set of vocal cords; a plurality of openings on a portion of a wall of the intubation tube adjacent to the second end of the intubation tube." There is no teaching, suggestion or motivation in Parker of an intubation tube having a tip with an opening having a diameter approximately equal to a diameter of a placement device. Accordingly, Claim 112 is not anticipated by Parker. Claims 113 and 116 are not anticipated by Parker at least by virtue of their dependencies.

The Claims Are Not Rendered Obvious by Parker, Alone or in Combination with Flam

The Examiner rejected claims 68-70, 75-77 and 93 under 35 U.S.C. Section 103(a) as obvious over Parker in view of U.S. Patent No. 5,607,386 issued to Flam. Applicant respectfully traverses the Examiner's rejections.

As an initial matter, Parker is not an appropriate primary reference. The Examiner does not contend that Flam teaches, suggests or motivates the respective elements of independent claims 66, 73 and 90 discussed above and missing from Parker. Thus, the combination of Parker and Flam does not anticipate or render obvious claims 68-70 (which depend from claim 66), claims 75-77 (which depend from claim 73) and claim 93 (which depends from claim 90). Further, with respect to claims 68-70, 75-76 and 93, one would not be motivated to modify the blind intubation guide 73 of Parker to form a suction tube, as the blind intubation guide of Parker is external to the intubation tube 10 (See Figure 4A of Parker). Thus, claims 68-70, 75-77 and 93 are not rendered obvious by Parker, alone or in combination with Flam.

The Claims Are Not Rendered Obvious by Parker, Alone or in Combination with Flam and Slanetz, Jr.

The Examiner rejected claims 80-89, 96-99 and 100-111 under 35 U.S.C. Section 103(a) as rendered obvious over Parker in view of Flam and U.S. Patent No. 4,469,091 issued to Slanetz, Jr. Applicant respectfully traverses the Examiner's rejections. Applicant notes that the Examiner addressed claims 89 and 100-108 in the detail of the rejections, but not in the summary, and Applicant has responded accordingly.

Independent claim 80 recites, "an intubation placement device having a bendable first end configured to be introduced through a set of vocal cords; and a retention device coupled to the placement device and configured to removably secure an intubation tube in position on the placement device with the first end of the placement device extending out of the intubation tube." Independent claim 96 similarly recites, "an intubation tube having a first end; a endotracheal placement device having a semi-rigid first end configured to pass through vocal cords and into a trachea; and a retention device configured to removably secure the intubation tube on the endotracheal placement device with the first end of the endotracheal placement device extending out of the first end of the intubation tube." Independent claim 109 similarly recites, "[a]n intubation device, comprising: means for introducing the intubation device through vocal cords; and means for removably securing an intubation tube to the means for introducing with a bendable portion of the means for introducing extending out of the intubation tube."

As an initial matter, Parker is an inappropriate primary reference. The Examiner reinterprets Parker, pointing to the blind intubation guide 73 as the retention device (where previously the Examiner identified the blind intubation guide 73 as the placement device) and the intubation tube 10 as apparently being both the intubation placement device and the intubation tube. If the intubation tube 10 is itself the placement device, the blind intubation guide 73 cannot be configured to removably secure an intubation tube in position on itself with a first end extending out of itself. Further, as noted above, there is no indication in Parker that the intubation tube 10 of Parker is secured to the blind intubation guide 73.

The Examiner then points to the fiberoptic intubating stylet instrument 10, the fiberoptic bundle 21 and fiberoptic bronchoscope 22 of Flam, as well as the fiberscope 12 of

Slanetz, Jr., as somehow teaching modifying Parker to achieve the claimed invention. One would not be motivated to convert the external blind intubation guide 73 of Parker into a placement device extending out of the intubation tube 10 because the blind intubation guide 73 would no longer serve its purpose of being contiguous to the posterior edge of the laryngeal opening "such that any gap 78 thereat is not sizeable enough for the tip end 18 of the tube 10 to pass therethrough." Parker at Column 4, lines 39-62. Further, the fiber optic bundle 21 of Flam is recessed, in this case into the stylet 12, at least until after the endotracheal tube 24 has cleared the vocal cords. See Flam, Column 8, lines 39-50. The Examiner does not contend that Slanetz, Jr. provides the missing teachings. Claims 81-89 and new claims 123 and 124 depend from claim 80, claims 97-108 and new claim 121 depend from claim 96, and claims 110, 111 and new claim 119 depend from claim 109, and are thus allowable at least by virtue of their dependencies. In addition, with regard to claims 98, 119-121 and 123, Parker, alone or in combination with Flam and Slanetz, Jr., does not teach, suggest or motivate intubation tube having a detachable portion. With regard to claims 120-122 and 124-126, Parker, alone or in combination with Flam and Slanetz, Jr., does not teach suggest or motivate an intubation tube with a perforated border.

The Director is authorized to charge any additional fees due by way of this Amendment, or credit any overpayment, to our Deposit Account No. 19-1090.

All of the claims remaining in the application are now clearly allowable. Favorable consideration and a Notice of Allowance are earnestly solicited. Accompanying this Amendment is a Request for an Interview in the event the Examiner does not agree that the claims are allowable over the cited references.

Respectfully submitted,

SEED Intellectual Property Law Group PLLC

Timothy L. Boller
Registration No. 47,435

TLB:jms

Enclosure:
Applicant Initiated Interview Request Form

701 Fifth Avenue, Suite 5400
Seattle, Washington 98104
Phone: (206) 622-4900
Fax: (206) 682-6031

1028864_3.DOC